

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/522441

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	13 minus 20 =	
INDEPENDENT CLAIMS	8 minus 3 =	5
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	
EXAM. FEE	
SEARCH FEE	
X \$ 125 =	
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL	

OR

RATE	FEE
BASIC FEE	300
EXAM. FEE	200
SEARCH FEE	400
X \$ 250 =	
X \$ 50 =	
X \$ 200 =	1800
+ \$ 360 =	
TOTAL	1900

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
X \$ 50 =	
X \$ 200 =	
+ \$ 360 =	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Patent and Trademark Office - U.S. DEPARTMENT OF COMMERCE

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

10/522444

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>8-3-05</u>		2 Serial/Patent # _____	
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3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing	1	1-19-05	\$ 100
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	7 TOTAL AMOUNT OF REFUND <div style="text-align: right; font-size: 1.2em;">\$ 100</div>
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10 REASON: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	8 TO BE REFUNDED BY: <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: 12--0095 </div>
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): _____	

11 REFUND REQUESTED BY: _____	
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TYPED/PRINTED NAME: _____	TITLE: _____
SIGNATURE: <u><i>A. Johnson</i></u>	PHONE: _____
OFFICE: _____	

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____	DATE: _____
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